## Case 3:08-cv-00408-WQH-BLM U.S. Department of Justice

United States Marshals Service

## Document 15 RECEIPT AND REGULANT 1

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

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PLAINTIFF WILL	AM J. 1	SAUG	HTEK	24	CORE 101 101 101 101 101 101 101 101 101 10	COI	USUV	108	
	ENNIS			/	2000 111 11 22	"" <b>ET</b> Y	PE OF PROCESS		
SERVE	NAME OF IND	IVIDUAL, CO	OMPANY, C	CORPORATION	HEIREN TO SERVE O	DESCRIPTION A COPY	OF PROPERTY TO	SEIZE OR CO	NDEMN
AT \	ADDRESS (Str	eet or RFD,	Apartment	No., City, State	and ZIP Code)  NAGATT, 11	LERUVA	LAPPAIR	2 Deres	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:  WILLIAM DAUGHTERY							Number of process to be served with this Form - 285		NE)
F-79985 P.O. BOX 2349/DIO-1104P BLYTHE. CA. 9226						Number of parties to be served in this case		4(F	
						Check for service on U.S.A.			
Telephone Numbe	rs, and Estimated	Times Availal	ole For Serv	vice):	SIST IN EXPEDITING			Alternate Addres	sses, All
WILSON	U MAY	NOW B	e si	. Coun	y SHERII	te Dep	uty.	- 416	
AMORNE	y. WIL I	Zumbli	e ma	y HAVE	CONTACT J HAS LES	PHONE	> NUMBE	R HUNI	CPISCO CN
and, Ar	EMPT AT	/ SERV	NCE!	WILSON	DLE NAME	WILSO	N 15 Af	PICA-	imer.
AS DE	pury - m	AT BE	usin	G PEDE	200			·	_
Signature of Attor	ley or other Origina	or requesting	service on	behalf of:			E.NUMBER .	4-14	1-08
SPACE BE	LOW FOR	USE O	F U.S.	MARSHA	L ONIY — D	O NOT W	RITE BELO	W THIS	LINE
I acknowledge reconumber of process (Sign only first Uthan one USM 283	indicated. JSM 285 if more	Total Process	District of Origin	District to Selve	Signature of Auth	orized USMS De	puty or Clerk	Dat	18/1
I hereby certify an	d return that I 🗌 ha	ve personally	served, $\square$ he address she	nave legal eviden own above or on	ce of service, $\square$ have the individual, compa	executed as show ny, corporation, e	n in "Remarks", the	process describe	d low.
✓I hereby certi	fy and return that	I am unable	to locate th	ne individual, co	ompany, corporation,	etc., named abov	ve (See remarks bel	ow)	
Name and title of	f individual served	(if not show	n above)					suitable age and esiding in the de of abode.	
Address (complete only if different than shown above)							Date of Service	Time	am
•	•						42308		pm
				٠.			Signature of U.S.	Marshal or De	puty
Service Fee	Total Mileage Ch	- 1	arding Fee	Total Charges	Advance Deposits	Amount owed	to U.S. Marshal or	Amount of R	Refund
	I	ı		1					

REMARKS:

04/2308-Returned Unexecuted. Attemmted service at provided address and the Internal Affairs Department indicated that they have no Dennis Wilson employed with the S.D. Police Department